

SUMMARY

DR. DEGALA KRISHNAPRASAD (CPSO# 53392)

1. Disposition

On February 8, 2016, the Inquiries, Complaints and Reports Committee (“the Committee”) ordered psychiatrist Dr. Krishnaprasad to complete a specified continuing education and remediation program (“SCERP”). The SCERP requires Dr. Krishnaprasad to:

- Complete a course on psychopharmacology acceptable to the College;
- Complete individualized instruction in professionalism, to be facilitated by the College, with a report back to the College from the instructor;
- Undergo Clinical Supervision for a period of six months, focusing on the deficiencies identified in this case, with regular reports to the College;
- Undergo a reassessment with an assessor selected by the College, approximately three months following the completion of the above-noted instruction and supervision.

2. Introduction

A patient complained to the College that Dr. Krishnaprasad was inattentive and unprofessional during a consultation visit. The patient was also concerned that Dr. Krishnaprasad’s assessment was not adequate to form a basis for his diagnosis and prescribed treatment plan, and that certain of Dr. Krishnaprasad’s treatment recommendations were inappropriate. The patient was also concerned about inaccuracies in Dr. Krishnaprasad’s clinical record of the visit, and Dr. Krishnaprasad’s interpretation of recent blood test results.

Dr. Krishnaprasad offered his account of the consultation visit, and his recollection that the patient became upset with his questions during the visit. He noted that he was concerned about behaviour that the patient described during the visit, and that he prescribed medication with instructions regarding its use.

3. Committee Process

A Mental Health Panel of the Committee, consisting of public and physician members, met to review the relevant records and documents related to the complaint, as well as College policies and relevant legislation.

4. Committee's Analysis

On review, the Committee concluded that the patient's concerns and Dr. Krishnaprasad's written summary of the visit all pointed to a complete lack of engagement/connection and rapport between the patient and Dr. Krishnaprasad.

While the Committee felt that there was some information in the record to raise the suspicion of the diagnosis that Dr. Krishnaprasad endorsed, it was clear that further inquiry was necessary in order to formulate a definitive diagnosis. The record in this case did not reflect a detailed history and examination with a differential diagnosis.

The Committee disagreed with Dr. Krishnaprasad's choice of medication in this case, and was concerned by the lack of appropriate follow-up to monitor the patient's response to the medication, which had the potential for rare but serious adverse effects in the first few weeks of treatment.

The Committee was aware that other patients had raised similar complaints about Dr. Krishnaprasad's practice in the past, for which Dr. Krishnaprasad had been cautioned and undergone forms of remediation. The Committee was disturbed that this patient's complaint showed a continuing and worrying pattern of patient concerns.

The Committee was of the view that Dr. Krishnaprasad would benefit from a specified continuing education or remediation program which focused on his assessment, diagnosis and treatment; prescribing; communication and professionalism; and record keeping.

The Committee also felt it was appropriate to advise Dr. Krishnaprasad to be cautious in his use of vitamins and supplements as a treatment for mental health issues, noting that a physician needs to be careful in what he/she says to a patient about the potential benefits of such substances.

The Committee took no action regarding the patient's concern relating to Dr. Krishnaprasad's interpretation of recent blood work as there is no mention in the record of any blood test results or independent information to suggest that Dr. Krishnaprasad discussed these areas with the patient